DOCUMENT RESUME

ED 116 744 JC 760 063

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TITLE Mental Health In-Service Program for Employed Long-Term Care Personnel. Final Report for May and June 1975.
INSTITUTION Iowa Lakes Community Coll., Estherville.
SPONS AGENCY National Inst. of Mental Health (DHEW), Bethesda, Md.
PUB DATE 8 Aug 75
NOTE 24p.; Appendices A, B, and J have been deleted due to poor legibility. Not available in hard copy due to marginal legibility of original document

EDRS PRICE MF-$0.76 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS Geriatrics; Health Occupations Education; *Health Personnel; *Inservice Education; Junior Colleges; Mental Health; *Mental Health Programs; Nurses Aides; *Nursing Homes; Physical Health; Program Descriptions; Senior Citizens
IDENTIFIERS *Gerontology

ABSTRACT

Since June 1973, Iowa Lakes Community College (Iowa) has been conducting an in-service training program for employees of local nursing homes. The program was designed to upgrade the participants' knowledge of the mental health aspects of care for the aged and to improve their abilities to provide physical health care. The specific objectives of the program were: (1) to demonstrate the role of the community college as a lead agency in linking long-term care facilities and mental health services through the mechanism of continuing education, (2) to develop in participants an awareness and understanding of long-term care resident behavior, (3) to acquaint participants with the patterns of resident behavior throughout the aging process, and (4) to provide participants with an opportunity to upgrade their training at a low cost and with application to their work situation by conducting the training in the facility where employed. This report presents a description of the program and explains its functioning from June 1973 to June 1975. Appended are evaluations made by program participants, project staff members, and third-party evaluators. (DC)

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IOWA LAKES COMMUNITY COLLEGE
101½ N. 6th St., Estherville, Ia.

MENTAL HEALTH IN-SERVICE PROGRAM FOR EMPLOYED LONG-TERM CARE PERSONNEL
National Institute of Mental Health Contract No. HSM-42-73-185 (S.A. No. 1)
Final Report for May and June 1975
August 8, 1975
Julie Souhrada, Coordinator

Iowa Lakes Community College was funded by The National Institute of Mental Health in June 1973 to conduct an on-going inservice training program for employees of long-term care facilities within our five-county Area III.

PURPOSES:

The purpose of the project was to upgrade the knowledge of personnel in the mental health aspects of care of the aged and upgrade their skills to provide improved physical health care. All levels of personnel were to be included, but particular attention was paid to the training needs of direct patient care personnel, especially nurse aides.

The objectives of the program were:

1. To demonstrate the role of the community college as a lead agency in linking long-term care facilites and mental health services through the mechanism of continuing education.

2. To develop an awareness of self-concept which will allow better understanding of long-term care resident behavior.

3. To become aware of and understand patterns of behavior in residents throughout the aging process.

4. To provide personnel with an opportunity to upgrade their training at a low cost and with application to their work situation by conducting the training in the facility where employed.

CONTRACT RENEWAL

The contract was renewed for a second year to expand the scope of the demonstration. Training was continued along the plan of the first year and the following new components were added: program activities designed to improve relationships between the community, staff, and residents of long-term care facilities; a program for administrative personnel of long-term care facilities to encourage mental health inservice training on a continuing basis; provide training designed to ameliorate the potential adverse psychosocial impacts on patients as a result of relocation.

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LOCATION OF TRAINING SESSIONS

Training sessions were conducted within long-term care facilities as much as possible. In instances where there were not sufficient personnel in a particular category or in a particular facility, personnel from several facilities were brought together for a presentation.

PROJECT STAFF

A project coordinator and four registered nurse instructors (part-time) were employed to instruct and/or coordinate the instruction of the course offerings. These instructors were all experienced in continuing health education programs offered by Iowa Lakes Community College, including Nurse/Aide Orderly and Geriatric Aide training programs. Letters of agreement were obtained from the three mental health facilities (two community mental health centers and one state psychiatric institute) serving the five-counties in Area III and the mental health professional staff members were identified to assist in the teaching. An advisory group was appointed, consisting of a representative of the college, the long-term care facilities in the area, mental health centers, consumers, and social service departments.

PROJECT PARTICIPANTS

During the first year of the project 640 nursing home employees enrolled in the inservice education programs. During the second year 715 employees attended inservice programs.

The following long-term care facilities participated in the project.

Balmer's Nursing Home, Estherville
Clear View Manor, West Bend
Dickinson County Home, Spirit Lake
Emmet County Home, Estherville
Emmetsburg Care Center, Emmetsburg
Good Samaritan Home, Algona
Good Samaritan Home, Estherville
Good Shepherd Home, Burt
Heritage Home, Bancroft
Hilltop House, Spirit Lake
Kathleen's Custodial Home, Emmetsburg
Kossuth County Home, Algona
Lake Park Care Center, Lake Park
Lakeside Lutheran Home, Emmetsburg
Longhouse Residence, Spencer
Milford Nursing Center, Milford
Rosewood Manor, Estherville
St. Luke Lutheran Home, Spencer
Titonka Care Center, Titonka
Valley Vue Nursing Home, Armstrong

Hilltop House, Spirit Lake, dropped out of the project during the first year. The administrator stated the reason was financial. Balmer's Nursing Home closed during the second year, leaving eighteen participating long-term care facilities.

MASTER INSTRUCTOR

During the first year of the project we utilized the concept of "Master" instructors. Persons with expertise in particular subject areas presented the topic at a nursing home inservice meeting the first part of each month. The R.N. instructors attended these same meetings and spent additional time with the "Master" instructor preparing to present the same topic at the remaining facilities during that same month.

The second year we utilized special workshops to prepare the R.N. instructors to present various topics. Workshops such as Death & Dying, Institute on Reality Orientation, Sexual Needs of the Elderly, Nursing Home Resident, Staff Motivation, and Rehabilitation by the Sister Kenny Institute were very beneficial to the instructors. All the above mentioned workshops except Reality Orientation were held within our five-county area and were also attended by nursing home staff members and other interested persons.

MONTHLY INSERVICE EDUCATION PROGRAMS

At the outset of the project, two 1-hour meetings per month were conducted in each nursing home. The first meeting was spent presenting the program topic. The second meeting was a "follow-up" meeting where the topic was further discussed. This format was discontinued after several months because nursing home administrators felt two hours per month was in excess of the "adequate amount" of inservice training required. Also, it was a financial burden for those employers who paid hourly wages to their employees to attend inservice training programs; and also, nursing homes found it difficult to schedule staff meetings with inservice meetings scheduled twice a month.

In place of the follow-up meetings, the R.N. instructors visited each nursing home approximately 2 hours per week for discussions with nursing home employees on a one-to-one basis. The visits enabled instructors to establish rapport with the employees and to become more aware of their inservice education needs. These visits proved to be a valuable part of the program. The R.N. instructors report that class participation improved as employees became acquainted with the instructor.

During the first year, all departments within the homes attended the same inservice meetings. Dietary and housekeeping departments requested inservice programs specificially for them during the second year. In the fall of 1974, four hours of inservice were offered to dietary personnel and in the spring of 1975, four hours were offered to housekeeping personnel. These programs were offered in three locations in the five-county area. With several facilities joining together for these meetings, there was enough personnel to have group discussion and an exchange of ideas.

During the second year, a number of facilities requested inservice programs on physical aspects of care rather than mental health related inservice education programs. Of special interest were the programs concerned with rehabilitation. We utilized the master instructor concept for several of the rehabilitation inservice programs.

Monthly Inservice Education Programs (Cont'd)

Below is a listing of program topics presented in the long-term care facilities and the master instructors.

First Year

(1) "Attitudes - with yourself, your job, residents, co-workers, relatives, visitors and community." Dr. E. A. Kjenaas, M.D., Mental Health Institute, Cherokee, was the "master" instructor.

(2) "Mental and Physical Aspects of the Aging Process: Biological Changes categorized by body systems." This program was presented by Dr. R. Brundage, M.D., Mental Health Institute, Cherokee.

(3) "Mental Expectations in Relation to Disease", presented by Dr. Kjenaas. Role-playing, pertinent to the subject, was conducted by Mrs. Barbara Gano, R.N., Mental Health Institute, Cherokee.

(4) "Depression in the Geriatric Nursing Home Resident" presented by Mr. Don Heywood, MSW Northwest Iowa Mental Health Center, Spencer.

(5) "Reality Orientation" presented by Mrs. Carol Meindl, OTR, Chronic Illness and Aging Service, Iowa State Department of Health, Des Moines.

(6) "Community Resources" presented by Mr. Dick Shaw, Director of Program and Planning, Area VII Agency on Aging, State of Iowa, Waterloo, Iowa.

(7) "Questions and Answers: An Open Program". At the previous month's inservice program, nursing home personnel were informed of this meeting and instructed to deposit questions in a box for discussion at the next inservice. Mr. Don Heywood, MSW, Northwest Iowa Mental Health Center, Spencer was available in each nursing home in the following counties for the question and answer session: Clay, Dickinson, Emmet and Palo Alto. Dr. Lyle Kelley, Clinical Psychologist North Iowa Mental Health Center, Mason City, was present at nursing homes in Kossuth county.

(8) "Death and Dying." Prior to the inservice programs on this topic, the R.N. instructors attended several seminars whose keynote speakers included: Dr. Elizabeth Kiibler Ross, noted author of On Death and Dying; and Dr. George LaMore, Jr., chairman of the Division of Humanities, Mount Pleasant College, Mount Pleasant, Iowa. There upon the RN instructors designed and implemented training sessions on death and dying in the participating nursing homes.

(9) "Communications with Brain Damaged Residents." Mrs. Meryl Bullard, O.T.R., Spencer was the "master" instructor. This program included showing the film, "Inner World of Aphasia."

(10) "Medications: Use, frequency and side-effects." Dr. Larry Donovan, M.D., Estherville, presented this topic in those facilities requesting a summer program. It was pertinent to members of the nursing

(10) Medications (cont'd)

departments and included medications most commonly used in long-term care facilities.

Second Year

(1) "Reality Orientation." R.N. instructors attend an Institute on Reality Orientation, whose faculty consisted of personnel from the Veterans Administration Center, Tuscaloosa, Alabama. The Institute was held in Chicago, Ill. This topic was presented in 3-parts:
   (a) "Confusion. Why Reality Orientation?"
   (b) "24-hour Reality Orientation," using the film "A Time to Lear
   (c) "Classroom Reality Orientation," using the film, "December-Spring."

(2) "Social Needs of the Elderly Nursing Home Resident." R.N. instructors attended a workshop "Sexual Needs of the Elderly Nursing Home Resident, presented by Dr. Mungo Miller, PhD., Affiliated Psychological Services, Milwaukee, Wisc. Additional time was spent with Dr. Miller, using the "master instructor" concept.

(3) "Staff Motivation". The "master" instructor was Sister Mary Latona Kalis, Administrator, St. Otto's Home, Little Falls, Minn.

(4) Rehabilitation Programs consisting of "Range of Motion", "Body Mechanics", "Patient Positioning" and "Bowel and Bladder Retraining". The master instructor was Miss Mary Collins, R.N., Field Educator, Sister Kenny Institute, Minneapolis, Minnesota.

(5) "Infection Control" presented by R.N. instructors.

(6) "Psycho-social Aspects of Feeding the Aged", presented to Dietary personnel by Mrs. Geraldine Stoner, Registered Dietitian, Milford, Ia.

(7) "Human Relations in Housekeeping" presented in two parts by Mr. Anthony Murren and Mr. Don Bentley, members of National Executive Housekeepers, Des Moines, to housekeeping personnel.

(8) "Rehabilitation: How to Help a Resident to Help Himself." Master instructor was Mrs. Meryl Bullard, O.T.R., Spencer, Ia.

(9) "Fire Safety", using the film "Portable Extinguishers", with local fire departments demonstrating use of extinguishers.

(10) "Let's Make It Real", an inservice program for area activity directors, presented by Mr. Don Heywood, MSW, Northwest Iowa Mental Health. This topic deals with communications with residents, "Are we talking to residents the way we'd like to be talked to?"

(11) "Behavior Modification" presented by Mrs. Meryl Bullard, O.T.R., Spencer, Ia.

(12) "Seizure Control", presented by Mrs. Mary Alyce McCullough, R.N., M.S.N., Spirit Lake.

(13) "Sensitivity Session: Interpreting What We Hear" presented by Mr. James Anderson, Counselor, Algona High School, Algona.

(14) "Attitudes towards families" presented by Dr. Lyle Kelley, Clinical Psychologist, North Iowa Mental Health Center, Mason City.

RESIDENT RELOCATION PROGRAM

One of the participating nursing homes announced plans to close during the second year of the project, thus providing an opportunity to use the training program to prepare staff to anticipate and deal with problems resulting from relocation of patients. Announcement of closure was made Nov. 20, 1974, and by December 25, 1974 all residents had been relocated. There was opportunity for only one inservice program dealing with relocation before the sudden death of the owner/administrator forced an even earlier closing of the facility than planned. Attached is a summary of that inservice meeting. (See Appendix 19A)

ADVISORY COMMITTEE

Advisory committee meetings were poorly attended by those members who had agreed to serve on the committee. Attached is a list of Advisory Committee members. (See appendix 19B). Members who live out of the area said it was not feasible to drive a great distance for the meetings, but they would be available for telephone consultation whenever necessary. The structure of the committee was then changed and nursing home administrators, directors of nursing, R.N. instructors and other interested persons were then invited to the meetings.

The re-structuring of the advisory committee made the committee functional. Discussions were fruitful in the development of programs. By involving administrative personnel in the program structure, the provision of training programs for long-term care facilities was enhanced. Thru this means administrative personnel were convinced that training was beneficial to both staff and residents.

In addition to scheduled meetings, the project coordinator was continuously in contact with the Administrator and Director of Nursing of each participating long-term care facility. This served as further reinforcement of the benefits of continuing the inservice educational programming.

COMMUNITY PROGRAMS

Approximately 600 surveys were completed by families of residents, volunteers and community members in order to examine interaction between the long-term care facilities and the community. The surveys were either done by mail or personal interview by Psychology and Sociology students at Iowa Lakes Community College. The results of the survey were tabulated and examined by Mr. Dick Shaw, Program Planner for Area VII Agency on Aging, Waterloo, Iowa. See Appendix 19C, 19D, and 19E. Mr. Shaw concluded that people in our area of Iowa tended to be neutral and non-involved. Where there were negative remarks they were generally related

to isolated incidences. Mr. Shaw also concluded that there is a need to motivate community residents towards more positive helpful attitudes.

A community service program, entitled "A Home Away From Home", was developed by the R.N. instructors and project coordinator. The program consists of 80 colored slides taken in the participating long-term care facilities in our 5-county area. The presentation depicts the "team" that works together to make "a home away from home" for the residents that live within the facility. The objective of the presentation is that it is an informational explanation of life in a long-term care facility. It is an effort to offset negative publicity that has been given nursing homes by mass media in recent times. This program was presented in the community of Armstrong with only six persons attending. It was suggested by several nursing home administrators that this presentation be made available to area service clubs rather than presented at poorly attended community meetings.

The program was presented again to participants of the Dinner Date (Congregate Meals) Program in Estherville. Approximately 25 senior citizens attended. There was much positive discussion that followed the presentation.

Other community programs held during the last project year include:

1) A 15-minute radio program on social needs of the elderly nursing home resident. It was aired on four local radio stations.

2) A 15-minute radio program discussing activity programs and reality orientation in nursing homes. This was aired on four local radio stations.

3) "Reality Orientation." An explanation of it and a film showing on it at Senior Citizens Day at Iowa Lakes Community College.

4) "Being A Visitor in a Nursing Home". Presented by an R.N. instructor to the women of Hope Reformed Church, Spencer, Ia.

5) "Understanding the Aged Nursing Home Resident" presented by an R.N. instructor for the Fenton Federated Women's Club, Fenton, Ia. and the Algona Federated Women's Club, Algona.

6) "Reality Orientation". The R.N. instructors have spoken on this topic to nearly all of the Geriatric Aide and Nurse Aide/Orderly classes sponsored by Iowa Lakes Community College. They also presented it to the nursing staff at Spencer Municipal Hospital and to the Homemaker Home Health Aide class in Emmetsburg.

All of the above programs were informational meetings, that hopefully would motivate people towards more positive, helpful attitudes about nursing homes and the residents.

ADDITIONAL CLASSES

The long-term care facilities in Area III are closely associated with Iowa Lakes Community College, Continuing Education Department.

In addition to the Mental Health project, Iowa Lakes Community College offers the 60-hour Geriatric Aide course in nearly all participating nursing homes. This course meets the initial training required by Iowa law for nurse aides in nursing homes.

Activity Directors are required to attend a 42-hour orientation program. This course is offered annually at Iowa Lakes Community College.

Iowa Lakes Community College also offers 48 hours of classes for Cook Managers which applies towards their 90-hour educational requirement.

Numerous classes, approved by the Iowa Board of Nursing Home Examiners, are offered as continuing education for Nursing Home Administrators.

In the fall of 1975, Iowa Lakes Community College will be offering a 30-hour course for nursing home aides in Administration of Medications. Curriculum approval by the Iowa Board of Nursing and the Iowa Board of Pharmacy is pending.

FUTURE PLANS

Many of the long-term care facilities have indicated an interest in continuing their inservice programs through Iowa Lakes Community College after the expiration of the Mental Health project.

The R.N. instructors will be retained by Iowa Lakes Community College as instructors for various inservice programs.

The project coordinator will be retained by Iowa Lakes Community College as a coordinator for nursing home inservice programming and other related assignments.

In October the R.N. instructors will be presenting a one-day workshop for nursing home activity directors on "Reality Orientation" at the Southwest Iowa Independent Learning Resource Center, Red Oak, Iowa. The mental health project staff were recommended as resource persons for this workshop by Mr. George Amundson, Regional Consultant, Community Health Services, Dept. of Health Education and Welfare, Kansas City, Missouri.

EVALUATIONS

Attached are evaluations made by program participants (Appendix 19F), project staff members (Appendix 19G) and third-party evaluators (Appendixs 19H, 19I).

EVALUATION
End of 1st Year

I. Major objective: To demonstrate the role of the community college as a lead agency in linking long-term care facilities and mental health services through the mechanism of continuing education.

	Achieved	Not Achieved
A. Development and distribution of a directory of services to long-term care facilities	X	
B. Conduct a session on the nature and uses of community resources and a directory of services	[1]X	

II. Major objective: Development and implementation of inservice education programs for the employees of long-term care facilities.

	Achieved	Not Achieved
A. Develop curriculum which responds to the needs of the participants.	[2]X	
B. Develop competent training staff	[2]X	
C. Develop an effective delivery system for the curriculum	[3]X	
D. Third-party evaluation	X	

[1]Attached is a copy of the Directory of Services. See Appendix 19J.

[2]Attached is a summary of an evaluation completed by program participants. See Appendix 19F

[3]See Appendix 19H.

EVALUATION
End of Second Year

OBJECTIVES:	Achieved	Not Achieved
IIA Hours of Inservice Training	X	
IIB Inservice Training Program		
1a. Dietary Personnel	X	
b. Housekeepers	X	
c. Nursing Staff: Reality Orientation	X	
d. Nursing Staff: Remotivation		[1]X
e. Nursing Staff: Sexual Needs of Aged	X	
2. Programs specifically requested by facilities	X	
3. Provide programs previously developed to new facilities	X	
IIC Follow-Up Services	X	
IID Community Relationships		
1. Examine interactions	X	
2. Identify elements that can be enhanced by continuing education	X	
3. Conduct community programs	X	
IIE Facilitation of Development of Mental Health Inservice Programs	X	
IIF Provision of Training Programs designed to ameliorate negative impacts caused by SNF and JCF changes		[2]X

[1] Nursing Homes were not ready for "Remotivation" programs. More time was devoted to Reality Orientation. Remotivation is a suggested topic for the coming year.

[2] Refer to Appendix 19A

APPENDIX 19-C

LONG TERM CARE FACILITIES

FAMILY SURVEY

Surveyor: _____ Sex: M F Age: _____

Sex of Person Being Interviewed: M 63 F 82

Approximate Age of Person Being Interviewed: 41-50yrs 28 51-60yrs. 49 Other 68

* * * * * * * * * * * * * * *

1. Do you like the facility (building)? yes 150 no 1 If no, why not?

_____

2. Could the facility be improved? yes 60 no 86 If yes, how?

_____

3. Is your relative receiving adequate care? yes 150 no 11 If no, why not?

_____

4. Is the facility well kept? yes 159 no 14

5. Could the care in the nursing home be improved? yes 59 no 70 If yes, how?

_____

6. Are the employees of the nursing home basically:

friendly? yes 150 no 2 kind? yes 146 no 3

careful? yes 133 no 9 sensative? yes 127 no 7

well trained? yes 117 no 20

7. Are the meals good? yes 148 no 8

8. Is your relative happy? yes 121 no 31 If not, why not? _____

_____

9. Does your relative complain? yes 54 no 80 If yes, about what?

_____

10. What is the relation of the relative? mother 71 father 28 sister 14 brother 6
other 34

11. How long has your relative been here? 2 yrs. 31 3yrs 21 1 yr. 24 Other 80

12. Do you have a comment? _____

_____

Spring 1975

APPENDIX 19-D

LONG TERM CARE FACILITIES

VOLUNTEERS SURVEY

Surveyor:_____ Sex: M F Age:_____

- -

Sex of Person Being Interviewed: 0 M 16 F

Approximate Age of Person Being Interviewed: 41-50 yrs.

* * * * * * * * * * * * * * * *

1. What is your work or service?_____

2. How often do you serve?_____

3. Do you like the facility? 17 yes 1 no If no, why not?

_____

4. Is the facility well kept and homey? 16 yes 0 no If no, why not?

_____

5. Is adequate care being provided in the nursing home? 14 yes 0 no If no, why not?

_____

6. Are the employees: friendly? 16 yes 0 no kind? 8 yes 0 no
careful? 15 yes 0 no sensative? 4 yes 1 no well trained? 4 yes 1 no

7. Are the residents basically happy? 14 yes no If no, why not?

_____

8. Do you enjoy working with the residents? 16 yes 0 no

9. Would you like to learn more about: aging? 8 yes 5 no working with people? 10 yes 4 no diseases? 7 yes 5 no personnel problems and their solution? 8 yes 5 no other_____

10. Are the families of the residents in general attentative and supportive.
13 yes 0 no

11. Comments:_____

_____

_____

Spring 197

LONG TERM CARE FACILITIES

COMMUNITY SURVEY

Surveyor:_____ Sex: M F Age:_____

Sex of Person Being Interviewed: 164 M 225 F

Approximate Age of Person Being Interviewed: 90 21-30 yrs. 155 31-40 yrs. 139 other

* * * * * * * * * * * * * *

1. Do you know about the nursing home in your community? 316 yes 82 no
2. Do you know anyone that works in the nursing home? 310 yes 89 no
3. Do you know any of the residents in the nursing home? 267 yes 133 no
4. Have you ever been a visitor in the nursing home? 288 yes 125 no
5. Have you ever worked in the nursing home? 51 yes 334 no
6. Have you ever helped in the nursing home? 52 yes 309 no
7. Would you be willing to help in the nursing home? 115 yes 268 no
8. Do you think that the nursing home has detracted from the community? 21 yes 296 no
9. Do you think that the nursing home has improved the community? 241 yes 41 no
10. Do you (132 like 54 dislike or 150 don't know) about the employees in the nursing home?
11. Do you (164 like 5 dislike or 36 don't know) about the residents of the nursing home?
12. Would it be better if the nursing home were located in another community?
    yes 8 no 312
13. Do you think that the residents are receiving good care? 324 yes 33 no
14. Do you feel that the nursing home and its residents are isolated from the community? 101 yes 276 no
15. Do you have a complaint about the nursing home? 165 yes 333 no

If yes, what?_____

_____

_____

Spring 1975

ADULT EDUCATION COURSE EVALUATION

Course: Mental Health Inservice Programs Date: June 1974

You are asked to rate this program conscientiously and individually, as your rating will be used in planning future programs. Your ratings are anonymous. Do NOT sign you name to this form.

	Excellent	Good	Average	Below Average
1. The over-all rating of this class was	35	96	26	1
2. Over-all student interest was	8	81	71	4
3. Course goals were met	24	102	27	1
4. The general class organization was	34	92	31	3
5. Practical applications given were	37	109	22	1
6. The information presented was	69	70	14	0
7. Class discussion and participation was	21	61	64	13
8. The instructor's knowledge of the subject was	91	60	6	0
9. The instructor's enthusiasm was	103	55	3	0
10. Audio-visual aids used were	52	74	24	0
11. The instructor's presentation was	80	68	6	1
12. The instructor's ability to express his/her ideas was	66	83	6	1
13. The instructor's preparation for the class was	84	72	2	0

14. What did you like best about the course?

15. What suggestions would you have for improving the class?

16. What suggestions would you have for other topics in this course that were not included?

17. Any additional comments:

Having taken this course would you advise a friend to take the course?
Yes 150 No 0

18. How were you informed about this program? (Check appropriate answer)
___Newspaper ___Radio ___Brochure ___Word of Mouth ___Course
___Course Announcement ___Other

EVALUATION

At the beginning of this project, I felt that one of our needs was to better acquaint the nursing home community with the mental health facilities in Northwest, Iowa. Now, two years later I believe we've had a bonus. I see Mental Health Center staff members better informed about long-term care residents, perhaps for two reasons: 1). research done in the preparation for presenting particular inservice programs and 2). this project gave Mental Health Center personnel an opportunity to go to nursing homes and learn about nursing home residents from the people who take care of them.

I feel that the suggestions made by the National Institute of Mental Health for Advisory Committee membership were idealistic and not realistic. I felt that more local long-term care representatives directly involved with the project should have been initial committee members. Eventually it became necessary to invite other interested persons to the advisory committee meetings because of poor attendance of members.

I think much progress has been made with our "Reality Orientation" programs. We've given Activity Directors needed support in teaching all categories of nursing home employees that reality orientation is everyones responsibility, not just the activity director's. Our R.N. instructors will continue to teach reality orientation in a variety of classes, even after the project ends.

Julie Souhrada, R.N.
Project Coordinator
August 1975

EVALUATION

I feel that many benefits were derived from this particular project. From an overall view, it appears that a somewhat more objective attitude is being taken by those members of staffs who consistently attended inservice class. Those members are now seeing the residents as total human beings with lives yet to be lived and not just physically caring for a human body.

In the beginning, we were set up to have a master session once a month with a follow-up a couple of weeks later. This proved to be ineffective because staff members were not inclined to attend two one-hour meetings a month. Also, management was objecting, who had to pay their employees for this meeting time. We finally adopted the set-up of one presentation and visiting the nursing home approximately two hours a week. This proved much better. The staff had the opportunity of listening to one presentation and then out of the formal or structured classroom setting, were free to approach you to ask questions and visit about the presented material. It also gave you the opportunity to see the principles you were presenting applied.

I can honestly say I didn't see any miracles but I did definitely see improvement in areas. In particular, areas of improvement were: some basic attitudes on elderly; reality orientation; and better understanding of the process of growing older (what happens physically and mentally).

Joan Newel, R.N.
Instructor
July 1975

EVALUATION

When the project started and we were having a master presentation plus a follow-up presentation it seemed to be too many meetings for the nursing homes. Most of them were also having staff meetings which meant 3 meetings a month.

We felt there must be a better way to present our material besides be more aware of the needs of each nursing home. We started visitations to each individual home, visiting with residents, working with the aides and nurses and visiting with the administrators. This seemed to show us where the needs were and we could then present our monthly inservice meeting.

I feel everyone in the nursing homes have benefited from the in-service. The staff is much more aware of the individual needs of the residents and are making every effort to meet these needs. The staff has always been conscious of the physical needs but with our programs they now realize there is more to a person than just keeping his body clean.

Our visitations have also helped them to really put to use the materials we presented. To help set up programs and to help point out areas in some individual residents daily care that could be improved.

We have worked closely with the nursing homes the last two years and I feel all involved have benefitted greatly.

Erla Scherschligt, R.N.
Instructor
July 1975

EVALUATION

In my opinion the objectives of our inservice program were met. Specifically, I felt we did provide a learning experience in which the nursing home employee had opportunity to improve their skills, abilities and attitudes.

In Sept.-Dec. 1973, the format of our program was to have a master meeting, with a follow-up meeting 2 weeks later. However, this proved to be ineffective for the staff. The frequent comment from staff members was "one inservice meeting a month was sufficient" (the employees also attend one staff meeting per month). Consequently, attendance and enthusiasm declined at follow-up meetings.

As the instructor, I too felt ineffective and I was not obtaining a maximum response in attendance or discussion at our meetings. I felt this was primarily due to:

1. I was not acquainted with each staff member (as an individual person)

2. Nor was I acquainted with the residents; therefore I was not able to effectively advise them on resident-oriented problems.

Then after meeting with my co-instructors, they too had experienced these same feelings. It was in January 1974 when we began visiting our homes - concentrating in the area of developing rapport with staff members and residents. The visitations were beneficial in that:

1. I was able to become acquainted with the employees and the residents.

2. Consequently, communications and sharing of ideas transpired during our inservice meetings. (once monthly).

3. It also provided opportunity for me to teach on a "one-to-one level" for during coffee breaks staff members would ask questions that they were apprehensive to ask in a group situation.

4. Also, this provided opportunity for the employees to observe me and see how I responded to the residents, as well as my communicative skills. I also was able to gain insight "first-hand" in problem situations. This enabled me to lead discussions which were more applicable to each home.

It was an enjoyable learning experience for me to be able to participate in this project. It was particularly rewarding to see many nurse-resident attitudes and relationships improve, and to see some residents happier in their nursing home environments.

Annesley Gunderson, R.N.
Instructor
July 1975

Evaluation Report on the
Mental Health Aspects of Aging
Inservice Training Program for
Employed Long Term Care Facility
Personnel

April 25, 1974

The project has achieved its stated goals. They have performed effectively in the training of the nursing home staffs. Because of this project, the nursing home staffs more clearly see the resident as a complete person and, therefore, work with the mental, psycho-social, and physical aspects of resident care more humanly.

The instructors are very competent. The most impressive factor, however, is their enthusiasm for the project. This motivates the participants to become enthusiastic themselves.

In talking with the residents, it becomes apparent that they are benefiting from the project. One nurses aid said that she felt much more competent and assured since taking part in the training project. In the area of involvement it appears that the instructor must be aware of limiting her materials so that participants have the time to ask questions and verbalize feelings. The session length of one hour requires the instructor to be very skillful in time management. The reviewed discussion at the West Bend Project sessions was excellent, but with the hour drawing to a close some of the participants seemed hesitant to bring up other ideas or comments.

The participants seemed to feel that the training was extremely beneficial. They seemed to feel that it helped them to keep up to date on matters that effected their every day work.

Administrators view this program as a great help in providing the inservice training that is needed by themselves and for their staffs. The cooperation of administrators in this project is good.

The project is effectively administered and the Coordinator has a good grasp of what is expected of the project. The Coordinator also has some excellent ideas on how to improve the project during the coming program year. (e.g. specialized training for staff and follow-up with participants).

There is a good team approach being used in this project. The staff is extremely qualified and each seems to know the nature of their responsibilities. There seems to be a great spirit of cooperation and coordination between everyone involved in this project.

There is an established advisory committee with functions in accordance with the contract stipulations.

There is a need for specialized training for differenciated levels of staff of the long term care facilities, but the project must also maintain some degree of training for the nursing home staffs as a whole. The follow-up sessions between the instructors and participants has proven very beneficial and should be continued in the future.

This project is meeting a very crutial need in Area III of the State of Iowa. The project staff have good ideas on how to improve the project. They are actively looking at the areas of need for the future.

Clarence E. Coleman
Evaluator

Project Title: Mental Health Aspect of Aging In-Service Training Program for Employed Long Term Facility Personnel

Administrator: Judy Strohman

Location: Iowa Lakes Community College

Address: 300 S 18
Estherville Iowa

Telephone:

Section:	Rating Scale 100 (adequate) ---------- 0 (inadequate)
I. Administration:	
A. Administrators Competency	95
B. Facilities	80
C. Equipment	90
D. Materials and Resources	95
E. Staff Pattern	90
F. Administrative Organization	95
G. Adivsory Structure	85
H. Relationship With Sponsor	95
I. Human Relationships Among Staff	100
J. Project Design	95
K. Documentation	85
L. Reporting and Recording Systems	90
M. Internal Communications	100
N. Intra-agency Communications	90
O. Public Communications	95
II. Programs:	
A. Instructor Competency	95
B. Interest of Participants	101
C. Benefit to Participants	100
D. Length of Course	85
E. Facilities/Classroom	90
F. Participants Participation (Sufficient time for questions and dialogue?)	90
G. Organization of Course	95
H. Appropriateness of Course	100

April 25, 1974

Clarence E Coleman

Clarence E. Coleman
Evaluator

EVALUATION

July 29, 1975

The project has achieved its objectives. The instructors are both competent and enthusiastic about the project. The project has been administered well with sufficient flexability for evolution and change. Trainees have responded well to the project and have received benefit from the courses of instruction.

The involvement of long term care facility administrators in the advisory committee has both improved the functioning of the committee and engendered a committment to mental health training of staff in long term care facilities. The administrator of the project should be commended for this innovative approach in the restructuring of the advisory committee so as to achieve this result.

The courses of instruction have been relevant, well organized, and adequately presented. However, there has been some limitation on the full participation of all trainees. More time and effort should have been expended in generating trainee participation.

The community service program, "Home away from Home" has been well developed and should be continued. There seems to be a lack of either positive or negative attitudes towards long term care facilities by residents of communities in which such facilities are located. There needs to be a continuation of the Community Training aspect of this project in order to motivate community residents into holding more positive and helpful attitudes towards long term care facilities.

Herefollowing is an evaluation of the project completed on July 29, 1975.

Project Title: Mental Health In-Service Program for Employed Long-Term Care Personnel
Project Coordinator: Julie Souhrada
Location: Iowa Lakes Community College
Address; 300 South 18th St.,
Estherville, Ia. 51334

Telephone: 362-7231

Section:	Superior	Adequate	Inadequate
I. Administration:			
A. Administration Competency	X		
B. Facilities		X	
C. Equipment		X	
D. Materials and Resources	X		
E. Staff Pattern	X		
F. Administrative Organization	X		
G. Advisory Structure	X *		
H. Relationship With Sponsor	X		
I. Human Relationships Among Staff	X		
J. Project Design	X	X	
K. Documentation		X	
L. Reporting and Recording Systems	X		
M. Internal Communications		X	
N. Intra-agency Communications	X		
O. Public Communications			
II. Programs:			
A. Instructor Competency	X		
B. Instructional Effectiveness	X		
C. Course Content	X		
D. Interest of Participants	X		
E. Benefit of Participants	X		
F. Length of Course		X	
G. Facilites/Classroom Atmosphere		X	
H. Participants Participation (Sufficient time for questions and dialogue?)		X	
I. Organization of Course	X		
J. Appropriateness of Course	X		

July 28, 1975

M. Allen Valois Shaw
Consultant

* With restructuring

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